
What's New?
HIVC
HIV BY ORGAN SYSTEM

Menopause in Cisgender WLWH

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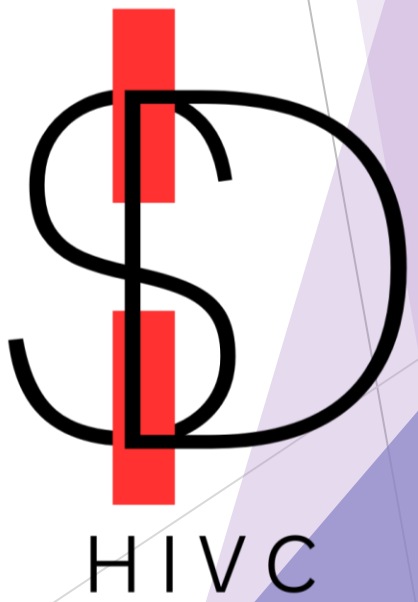

Objectives:

Understand	Understand how HIV impacts menopausal onset and symptoms.
Recognize	Recognize clinical challenges in diagnosing menopause in cisgender WLWH.
Review	Review management strategies for menopause in PLWH.
Address	Address psychosocial and quality-of-life concerns.

Background:

Increasing number of cisgender women aging with HIV.

Life expectancy improved markedly with ART.

Menopause now an increasingly relevant concern in HIV care.

Menopause=12 months of amenorrhea(absence of menses); average age of onset is 51 in the general population.

Epidemiology

Cisgender women represent approximately 50% of PLWH worldwide.

By 2030, >70% of PLWH in the US will be 50+.

Cisgender WLWH may experience earlier menopause(by on average 3-5 years).

Earlier onset of menopause leads to earlier loss of estrogen's protective effects against conditions like heart disease and bone loss.

Impact of HIV on Menopause

- Earlier onset of menopause.
- More severe vasomotor symptoms (e.g., hot flashes).
- Menstrual irregularities before menopause; although common in cisgender HIV- women as well.
- Hormonal changes may be influenced by immune dysregulation, coinfections.

Diagnostic Challenges

- ART-related amenorrhea may mimic menopause.
- High prevalence of co-morbidities (e.g., anemia, thyroid issues).
- Need for lab confirmation (FSH, estradiol) in some cases.
- Consider differential diagnoses carefully.

Menopausal Symptoms in Cisgender WLWH

- Hot flashes, night sweats.
- Vaginal dryness and dyspareunia (pain with intercourse).
- Sleep disturbances.
- Mood changes, depression and anxiety.
- Bone density loss (possible compounded by chronic HIV infection and ART). Cisgender WLWH are already at higher risk for conditions like bone loss, cardiovascular disease and depression. The drop in estrogen during menopause can potentially worsen these conditions.

Hormone Replacement Therapy (HRT)

Can be considered, but must weight risks (CV disease, cancer).

There may be hesitancy to prescribe HRT due to concerns about potential drug interactions or insufficient research on safety and efficacy in cisgender WLWH.

Use lowest effective dose for shortest time.

Non-hormonal options also important.

British Menopause Society

- “There is a clear consensus among HIV experts that Menopausal Hormone Therapy is not contraindicated when living with HIV.”

Non-Hormonal Management

- SSRIs/SNRIs for vasomotor symptoms.
- Lubricants, moisturizers for vaginal dryness.
- CBT, exercise, yoga for mood and sleep.
- Bone health: calcium, vit D, weight-bearing exercise, bisphosphonate (e.g., Fosamax).

Psychosocial Considerations

- Stigma of aging plus HIV+ status.
- Isolation, sexual health concerns.
- Depression/anxiety common.
- Importance of multidisciplinary support (mental health, gynecology, HIV care).

Recommendations for Clinicians

- Routine menopause screening in HIV care.
- Discuss symptoms openly; normalize conversations.
- Monitor bone density and cardiovascular risk.
- Tailor therapy to individual risk profile.
- Collaborate across specialties.

Research Gaps

- More data needed on ART-HRT interactions, with new HIV treatment classes especially.
- Long-term outcomes of HRT in cisgender WLWH.
- Symptom burden tracking in diverse populations.

Summary

Menopause in cisgender WLWH is commonly earlier and more symptomatic.

Unique diagnostic and management issues.

Multidisciplinary, individualized care is key.

Educate, screen and support cisgender WLWH throughout midlife transition.